

**Statement of Organization
Recipient Committee**

Statement Type

☒ Initial

Not yet qualified ☒ or

☐ Amendment

List I.D. number:

_____/_____/_____
Date qualified as committee

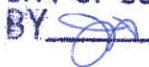
_____/_____/_____
Date qualified as committee

(If applicable)

☐ Termination – See Part 5

List I.D. number:

_____/_____/_____
Date of Termination

RECEIVED Date Stamp CITY CLERK 17 JUN -9 AM 9:23 CITY OF COSTA MESA BY 	CALIFORNIA FORM 410 For Official Use Only
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1. Committee Information

NAME OF COMMITTEE

Eckles for City Council 2018

STREET ADDRESS (NO P.O. BOX)

8907 Warner Ave #239

CITY STATE ZIP CODE AREA CODE/PHONE

Huntington Beach CA 92647 (949) 370-5164

MAILING ADDRESS (IF DIFFERENT)

603 E Alton Ave STE G Santa Ana, CA 92705

FAX / E-MAIL ADDRESS

lysaray.campaignservices@gmail.com

COUNTY OF DOMICILE

Orange County

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Costa Mesa

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Lysa Ray

STREET ADDRESS (NO P.O. BOX)

603 E Alton Ave STE G

CITY STATE ZIP CODE AREA CODE/PHONE

Santa Ana CA 92705 (714) 540-2295

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

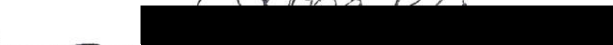
Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 6/5/2017
DATE

By



SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 6/5/2017
DATE

By



SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM **410**

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COMMITTEE NAME

Eckles for City Council 2018

I.D. NUMBER

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ CITY Committee ☐ COUNTY Committee ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Small Contributor Committee

☐

____/____/____
Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.